## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01-29-2014	Address:	821 Zenith Terrace	
Incident #:	14ISPC000738		Bloomington, Indiana	
County:	Monroe			
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)				
<ul><li>☑ Operational Lab</li><li>☐ Chemical/Glassware/Equipment (only)</li><li>☐ Dumpsite (only)</li></ul>		Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other: <u>Apartment</u></li></ul>	
(check all that	<b>l: Location</b> (bedroom, kitchen, open air, of apply) or Birch Reaction(s): <u>Apt.</u>	etc)		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s): Apt.				
Flammable Solvents: Apt.				
Water Reactive Metal (Lithium): Apt.				
Anhydrous Ammonia:				
Corrosive Acid: Apt.				
Corrosive Base:				
Other (ite	m and location):			
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes ☑ No	<pre>age 18 discovered (check appropriate) (number present) not present but evidence they reside</pre>	unclean Estimated ler occurring: N	tions of home: clean disarray  ngth of time manufacturing had been  /A  nformation:	
This report l	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:	
Fire Department City, Township or County <u>TWP FD</u> Health Department County: <u>MONROE CO</u> Department of Child Services Hotline: <u>dcshotlinereport</u>		Fax: 812-3	Fax: <u>HAND DELIVERED</u> Fax: <u>812-339-6481</u> se@des.in.gov Fax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetar Officer: <u>Kent Rohlfing</u> Phon	mine laboratory, cont e <u>812-332-4411</u>	act	

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.